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	JUN 15 2007 8	땅)	or <u>Fax</u> (571)-273-2885	114 22515-1450	
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TOLEDO, OH	TOLEDO, OH 43604-1619			Rosanna L. Lopez		(Depositor's name)
			<u> </u>			(Signature)
			<u></u>	June 12, 2007		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,719 TITLE OF INVENTION	I: MULTI-LAYERED S	SPORTS PLAYING FIE	LD WITH A WATER DE	AINING, PADDING	LAYER	8127
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/25/2007
EXAN	IINER	ART UNIT	CLASS-SUBCLASS			
MILLER, DANIEL H		1775	428-017000	_		•
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2.7 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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As. The following fee(s) are submitted: Size Size Size Size Size Size Size Size			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0005 (enclose an extra copy of this form). 			
a. Applicant claim	tus (from status indicated	us. See 37 CFR 1.27.	☐ b. Applicant is no le	onger claiming SMAL	L ENTITY status. Sce 37 CF	R 1.27(g)(2).
Authorized Signature	POC	ates Patent and Trademan	rk Office.	Date June 12	tered attorney or agent; or the	e assignce or other party in
	Ted C. Gillespie	Y				
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DC 113-1450.				e public which is to file (and inutes to complete, including nments on the amount of tim rademark Office, U.S. Depa SEND TO: Commissioner fisplays a valid OMB control	·
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